

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.P.	72143	2/25/00
O.I.P.E. CLASSIFIER	RSD		3/6/00
FORMALITY REVIEW	EVB	64743	04/21/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
5	02-22-00
6	✓
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50	✓

Claim	Date
Final	
Original	
52	02-22-00
53	✓
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71	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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